

| | | | | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|-----------------------------------|----------------------------------|---------------------------------|----|---------------|--------------|----------------|---------------------------|----------------|
| | Claims Remaining After Amendment | Highest No. Previously Paid for | | Present Extra | Rate | Additional Fee | Rate | Additi nal Fee |
| Total | 11 | Minus | 20 | - | x 9 | - | x 18 | - |
| Indep. | 6 | Minus | 7 | - | X 84 | | x 42 | - |
| Fee for Multiple Dependent Claims | | | | | +140 | | +280 | - |
| TOTAL ADDITIONAL FEES | | | | | | - | OR | - |

6. **Method of Payment of Fees**

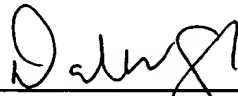
(X) Enclosed is our firm check in the amounts of: \$ 110 for extension fees.

() Charge \$ _____ to Deposit Account No. 50-1214.

6. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

February 6, 2003
(Date)

By: 
David W. Clough, Ph.D.
Registration No. 36,107

KATTEN MUCHIN ZAVIS ROSENMAN
525 West Monroe Street, Suite 1600
Chicago, Illinois 60661-3693
(Direct) Phone No. (312) 902-5464
(Direct) Fax No. (312) 577-8736